

DRIVEWAY PERMIT APPLICATION CITY OF GREENSBORO, NC

LOCATION OF PROPERTY

Access requested from _____ to _____
Street Address Street Name

DEVELOPMENT TYPE

RESIDENTIAL **COMMERCIAL** **INDUSTRIAL** **CHURCH/SCHOOL** **OTHER** _____

DRIVEWAY 1: Proposed width _____ feet, centerline located _____ feet north / south / east / west (circle one) of the intersection of
_____ and _____
Street Name Street Name

DRIVEWAY 2: Proposed width _____ feet, centerline located _____ feet north / south / east / west (circle one) of the intersection of
_____ and _____
Street Name Street Name

DRIVEWAY 3: Proposed width _____ feet, centerline located _____ feet north / south / east / west (circle one) of the intersection of
_____ and _____
Street Name Street Name

AGREEMENT

I, the undersigned applicant, on behalf of the named property owner, request permission to construct driveway(s) on public right-of-way at the above location(s) and agree to the following:

- to construct driveway(s) in absolute conformance with current City standards and approved plans as applicable;
- to provide necessary sight distance easements if deemed necessary by the City;
- to promptly repair areas disturbed by construction in City right-of-way;
- to provide and be responsible for work zone traffic control measures in and adjacent to City right-of-way in conformance with guidelines established by the City of Greensboro's ***Work Area Traffic Control Handbook (WATCH)***, and the ***Manual on Uniform Traffic Control Devices (MUTCD, Millinneum Edition)***;
- to maintain driveway(s) in a manner so as not to interfere with or endanger public travel;
- to indemnify and save harmless the City of Greensboro from all damages and claims for damage that may result from this construction; and
- to notify the City of Greensboro Department of Transportation not less than 48 hours prior to beginning work.

I understand that any permit issued based on this application becomes void if construction of the driveway(s) is not completed within one (1) year of the approval date shown on the permit.

Owner _____

Applicant _____

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Tel No. _____ FAX No. _____

Tel No. _____ FAX No. _____

Signature _____ Date ____/____/____

Signature _____ Date ____/____/____

PROVIDE A SKETCH OF PROPOSED DRIVEWAY(S) ON REVERSE SIDE OR ATTACH SITE PLANS. SUBMIT THREE (3) COPIES OF COMPLETED APPLICATION AND PLANS TO THE DEPARTMENT OF TRANSPORTATION, P.O. BOX 3136, GREENSBORO, NC 27402-3136. CALL (336) 373-2332 FOR ADDITIONAL INFORMATION.

CITY USE ONLY

APPROVED **DENIED** by _____ Date ____/____/____ Permit No. _____
Director of Transportation

SKETCH THE PROPOSED DRIVEWAY(S) BELOW, OR ATTACH SITE PLANS. CLEARLY SHOW THE FOLLOWING INFORMATION:

- **Locations of existing and proposed driveways and street intersections adjacent to or opposite the property.**
- **Existing and proposed buildings, walls, fences, pipes and culverts, signs, poles, water meters, landscaping, etc.**
- **North arrow and applicable dimensions (driveway width, turn radii, distances, etc.)**

Recommended Scale: 1" = 20' (each block equals 2 feet). Please indicate if drawing is not to scale.